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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/669,533	09/24/2003	Jeffrey A. Lucas	61605US003	4631
	7590 08/29/200 IVE PROPERTIES CO		EXAM	INER
PO BOX 33427 ST. PAUL, MN 55133-3427			CECIL, TERRY K	
51. PAUL, MIN	33133-3427		ART UNIT PAPER NUMBER	
			1797	
			NOTIFICATION DATE	DELIVERY MODE
			08/29/2008	ELECTRONIC

## Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

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Interview Summary	10/669,533 LUCAS ET AL.		
mierview Summary	Examiner	Art Unit	
	Mr. Terry K. Cecil	1797	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>Mr. Terry K. Cecil</u> .	(3)		
(2) <u>Daniel Biesterveld</u> .	(4)		
Date of Interview: 26 August 2008.			
Type: a)⊠ Telephonic b)⊡ Video Conference c)⊡ Personal [copy given to: 1)⊡ applicant	2)∏ applicant's representative	e]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)⊠ No.		
Claim(s) discussed:			
Identification of prior art discussed:			
Agreement with respect to the claims f) was reached.	g)∏ was not reached. h)⊠ N	N/A.	
Substance of Interview including description of the genera reached, or any other comments: <u>The aforementioned atto</u>			
(A fuller description, if necessary, and a copy of the amenallowable, if available, must be attached. Also, where no allowable is available, a summary thereof must be attached.	copy of the amendments that v		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS IN- FILE A STATEMENT OF THE SUBSTANCE OF THE INTE requirements on reverse side or on attached sheet.	e last Office action has already R OF ONE MONTH OR THIRT TERVIEW SUMMARY FORM,	v been filed, APP Y DAYS FROM T WHICHEVER IS	LICANT IS THIS LATER, TO
/Mr. Terry K. Cecil/ Primary Examiner, Art Unit 1797			

Application No.

Applicant(s)